ADDIT. FEE

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PTO/SB/06 (08-00)
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Approved for use through 10/31/2002. OMB 0651-0032
U. S. Pateni and Trademark Office; U.S. DEPARTMENT OF COMMERCE note the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 09/68428305 OTHER THAN **CLAIMS AS FILED - PART I SMALL ENTITY** OR SMALL ENTITY (Column 2) (Column 1) FOR NUMBER FILED **NUMBER EXTRA** RATE RATE FEE FEE **BASIC FEE** OR TOTAL CLAIMS x s 9 x 5\_18 11 355.00 minus 20 = OR INDEPENDENT CLAIMS 2 minus 3 = 42 = OR x <u>84</u> = (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) + 280 = <u> 140 =</u> OR 0 TOTAL 355 OR TOTAL . If the difference in cohumn 1 is less then zero, enter "0" in cohumn 2 OTHER THAN **CLAIMS AS AMENDED - PART II** SMALL ENTITY OR SMALL ENTITY (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING PRESENT NUMBER RATE TIONAL TIONAL RATE **AMENDMENT AFTER EXTRA PREVIOUSLY** FEE FEE AMENDMENT PAID FOR OR Total s\_18 = 20 0 <u>\$\_9</u>\_= 20 Minus (37 CFR 1.16(c)) OR Independent 42 = 84 \_ 86 Minus 5 3 2 (37 CFR 1.16(b)) OR 140 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) 280 = OR TOTAL OR TOTAL 86 O ADDIT. FEE ADDIT. FEE (Column 2) (Column 1) (Calumn 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL **AMENDMENT** AFTER **PREVIOUSLY EXTRA** FEE FEE **AMENDMENT PAID FOR** OR x \$. 18 = Total (37 CFR 1.16(4)) 0 U <u>s\_9</u> Minus OR Independent 42 84 \_ Minus OR (37 CFR 1.16(b)) 140 . FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 280 (37 CFR 1.16(4)) OR TOTAL TOTAL 0 0 OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL TIONAL RATE **AMENDMENT** AFTER **PREVIOUSLY EXTRA** FEE FEE AMENDMENT **PAID FOR** OR Total (37 CFR 1.16(c)) <u>\$9</u>= Minus = OR Independent ... 84 2 42 = Minus (37 CFR 1.16(b)) OR 140 \_ 280 \_ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR OR TOTAL TOTAL 0 0

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<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.